

## SESP Name Goes Here

### CES/SE ASSESSMENT REPORT

Client Name _____	VR Counselor _____
Address _____	
Disability _____	
Phone _____	SSN _____
DOB _____	Highest Level of Education _____
Guardianship _____	Person Completing Report _____
Payee _____	Date of Report _____
Brief Work History:   	
<b>Recommendations:</b> (To include) Determination of Competitive Employment: ____ SE                      ____ CES                      ____ Supports Case Management ____ EOS                      ____ Non Competitive (Explanation Required)  Task Analysis:                      ____ Yes                      ____ No                      ____ To Be Determined Job Development Recommended:                      ____ Yes                      ____ No (Explanation Required)  <b>Suggested Number of Work Hours:</b>  <b>Vocational Goal:</b>  <b>Type of Job Coaching:</b> ____ Individual                      ____ Supports Case Management                      ____ Enclave	

**I have had the opportunity to review this report.**

\_\_\_\_\_  
Client/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

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### CES/SE ASSESSMENT REPORT

Client Name: .....
1. <b>Job Interests:</b>
2. <b>Preferences</b> (Self Reported):
3. <b>Conditions</b> (Must Have):
4. <b>Outside Influences/Cultural Impact:</b>
5. <b>Strengths/Abilities/Vocational Skills</b> (Summarized from individual sites):
6. <b>Employment Support Needs:</b>
7. <b>Job Specific Accommodations</b> (Determine if specialized evaluation is needed, i.e. rehab tech):
8. <b>Health/Safety Concerns:</b>
9. <b>Legal Concerns:</b>
10. <b>Long Term Support:</b> ___ <b>Yes</b> ___ <b>No</b> (Explanation Required)     ___ <b>Pending</b> (Explanation Required)  Name of provider:
11. <b>Financial:</b> List Benefits:  Has benefits planning been completed?     ___ <b>Yes</b> ___ <b>No</b>
12. <b>Transportation:</b> Primary:  Back Up:

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### COMMUNITY BASED ASSESSMENT SITES

Client Name: <small>XXXXXXXXXX</small>	
<b>Site</b>	<b>Employer:</b>
Date of Assessment	
Number Hours at Site	
Pertinent Information:	
<b>Site</b>	<b>Employer:</b>
Date of Assessment	
Number Hours at Site	
Pertinent Information:	
<b>Site</b>	<b>Employer:</b>
Date of Assessment	
Number Hours at Site	
Pertinent Information:	